## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

6114-00108

| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |   |                                       |              |                                  |                   |          | SMALL ENTITY TYPE  |                        | OTHER THAN OR SMALL ENTITY |                     |                        |  |
|---|--|---|---------------------------------------|--------------|----------------------------------|-------------------|----------|--------------------|------------------------|----------------------------|---------------------|------------------------|--|
| TOTAL CLAIMS  |  |   | 16                                    |              |                                  |                   | Г        | RATE               | FEE                    |                            | RATE                | FEE                    |  |
| FOR   |  |   | NUMBER FILED                          |              | NUMBER EXTRA                     |                   | E        | SASIC FEE          | 370.00                 | OR                         | BASIC FEE           | 740.00                 |  |
| TOTAL CHARGEABLE CLAIMS   |  |   | 8 minus 20=                           |              | *                                |                   |          | X\$ 9=             |                        | OR                         | X\$18=              |                        |  |
| INDEPENDENT CLAIMS  |  |   | 3 mi                                  | nus 3 =      | *                                | *                 |          | X42=               |                        | OR                         | X84=                |                        |  |
| MU  | LTIPLE DEPEN   | DENT CLAIM PI                             | RESENT                                |              |                                  |                   |          | +140=              |                        | OR                         | +280=               |                        |  |
| * If  | the difference   | in column 1 is                            | less than zero, enter "0" in column 2 |              |                                  |                   | L        | TOTAL              | 370                    | OR                         | TOTAL               |                        |  |
|   | C  | LAIMS AS A                                | MENDED - PART II                      |              |                                  |                   |          | - 7,02             |                        |                            | OTHER THAN          |                        |  |
|   |  | (Column 1)                                |                                       |              | mn 2)                            | (Column 3)        |          | SMALL E            | ENTITY                 | OR                         | SMALL               | ENTITY                 |  |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | NUM<br>PREVI | HEST<br>MBER<br>OUSLY<br>FOR     | PRESENT<br>EXTRA  |          | RATE               | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *   | Minus                                 | **           |                                  | =                 |          | X\$ 9=             |                        | OR                         | X\$18=              |                        |  |
| AME   | Independent  | *   | Minus                                 | ***          | T CL AINA                        | =                 |          | X42=               |                        | OR                         | X84=                |                        |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |  |   |                                       |              |                                  |                   |          | +140=.             |                        | OR                         | +280=               |                        |  |
|   |  |   |                                       |              |                                  |                   |          | TOTAL<br>DDIT. FEE |                        | OR                         | TOTAL<br>ADDIT. FEE |                        |  |
|   |  | (Column 1)                                |                                       | (Colu        | ımn 2)                           | (Column 3)        |          |                    |                        |                            |                     |                        |  |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | NUM<br>PREV  | HEST<br>MBER<br>IOUSLY<br>D FOR  | PRESENT<br>EXTRA  |          | RATE               | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *   | Minus                                 | **           |                                  | =                 |          | X\$ 9=             |                        | OR                         | X\$18=              |                        |  |
|   | Independent  | *   | Minus                                 | ***          |                                  | =                 |          | X42=               |                        | OR                         | X84=                |                        |  |
| L   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |                                       |              |                                  |                   | <b>」</b> | +140=              |                        | OR                         | +280=               |                        |  |
|   |  |   |                                       |              |                                  |                   | L        | TOTAL<br>DDIT. FEE |                        | OR                         | TOTAL<br>ADDIT, FEE |                        |  |
|   | (Column 1) (Column 2) (Column 3)   |   |                                       |              |                                  |                   |          |                    |                        |                            |                     |                        |  |
| AMENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | NUI<br>PREV  | HEST<br>MBER<br>(IOUSLY<br>D FOR | PRESENT<br>EXTRA  |          | RATE               | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *   | Minus                                 | **           |                                  | =                 |          | X\$ 9=             |                        | OŘ                         | X\$18=              |                        |  |
|   | Independent  | *   | Minus                                 | ***          | IT CLAP                          | =                 |          | X42=               |                        | OR                         | X84=                |                        |  |
| Ľ   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |                                       |              |                                  |                   |          | +140=              |                        | OR                         | +280=               |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. F. |  |   |                                       |              |                                  |                   |          |                    |                        | OR                         | TOTAL               |                        |  |
|   | ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  Th "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |                                       |              |                                  |                   |          |                    |                        |                            |                     |                        |  |
|   | iii mignestivui  | mber Freviously P                         | and to trouble                        | or macher    | wend is u                        | ic riigiicat numb | J. 104   | are ap             | F. Op DO               |                            |                     |                        |  |